State Of Washington Charter School Commission

Notice of Intent to Apply

This information will be used to ensure that your applicant group receives all of the appropriate communications from the Commission throughout the charter application process.

Name of Non-Profit Applicant			New Path to Education and Sustainability (NPES)						
Primary Contact Information									
Name	Anab Abdi								
Address	P.O Box 981	.38, Se	eattle WA	98138					
Phone	206-383-00								
Email Kingcountyacade			my@gmail.com						
Partner Information (if applicable)									
Basic Information for School Opening Fall 2014									
Proposed School Name			e	Opening Year	Geographic Community and/or City		Grades served Year 1	Grades served at capacity	
King County Acader			У	2014	S	eattle	K-4	K-8	
Model	New		Conve	onversion					
Proposed School Description									
School Model Specialty (check all that apply)		Alternative □ Disability (list): Blended Learning □ Language Immersion □ Career and Technical Education □ Military □ College Prep □ Montessori ☒ Other (list): Core Knowledge®, ☒ STEM □ Disability (list): □ Military ☐ Montessori ☒ STEM ☐ Virtual							
In 100 words or less, briefly describe the mission and vision of your proposed school		King County Academy will be a K-8 school designed for all academically struggling students, but will be particularly targeting at-risk ELL students from low-income households in Seattle. KCA will employ a Direct Instruction, Core Knowledge® based curriculum with a STEM-focus to increase achievement in Literacy skills and core subjects. The school will fuse our rigorous academics with a multi-cultural support system, which will include culturally competent staffing, a governing body and administration that understands the challenges presented by our students. KCA's educational program plans to raise the achievement levels of our students with the close support of community partner organizations.							

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I certify that I have the authority to submit this Letter of Intent and that all information contained

herein is complete and accurate. I recognize that any misro from the application process or revocation after authoriza person for the application is so authorized to serve as the behalf of the organization.	tion. The person named as the contact
Signature of Primary Contact	Date